		•	. ^		09	87	3 8	81.7	P			
Application or Docke											ocket Nun	nber
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 47 0117-0 337												9337
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	WIIIY	OR	OTHER	
TOTAL CLAIMS			19					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			1 9 minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			7 minus 3 =		•			X40=	 		Y22	
MULTIPLE DEPENDENT CLAIM PR			RESENT					405	 	OR		
* If the difference in column 1 is less than zero, enter "0" in column 2							+135=		OR	<u></u>		
CLAIMS AS AMENDED - PART II								TOTAL	L	OR	TOTAL	70
حصرا	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	AL PARTY.	REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 19	Minus	••				X\$ 9=		OR	X\$18=	
AME	Independent	· 2	Minus	•••		=		X40=		OR	X80=	
Ш.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
								TOTAL	<u></u>	UD.	TOTAL	
			NDDIT. FEE		,	ADDIT. FEE						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF 14	Minus	ENDENT	CI AIRA	3		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
							A	TOTAL DDIT. FEE		OR	YOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	JER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	1		8		X\$ 9=		OR	X\$18=	ï
	Independent	•	Minus	•••				X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM			+135=		K		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270= TOTAL	
*** {	f the "Highest Nun If the "Highest Nur	nber Previously Pa nber Previously Pa	id For IN THIS id For IN THIS	S SPACE IS S SPACE IS	less that	20, enter "20." 3, enter "3."	~4	TOTAL DOIT. FEE			LOOIT. FEE	
1	The "Highest Num	ber Previously Paid	For (Total or	Independe	ed) si (In	highest number	r foun	d in the app	ropriete box	in coli	ımn 1.	

FORM PTO-875 (Rev. 8/00)